

author reasons that if total extirpation is not always followed by myxœdema the thyroid cannot be the cause of myxœdema, or the gland must share its function with some other organ. He believes that disease of the circulatory system is the cause of this condition, and mentions especially the alterations of the capillaries, the arteritis, with atheromatous or amyloid degeneration and perivascular hemorrhages, so often noted.

[The author's recommendation that in future autopsies the condition of the vessels be more carefully examined, is valuable; but his criticism, while ingenious, leaves out of sight one of the most important grounds for looking on the thyroid alteration as the most important, viz., the results of treatment. His conception contains a hiatus that makes it useless as a working hypothesis.—G. D.]

Suprarenal Gland Extract as a Hæmostatic.—LERMITE (*The British Medical Journal*, February 25, 1899, p. 467) says that the vaso-constrictor and hæmostatic action of the extract of the suprarenal glands has repeatedly been demonstrated in ocular and nasal surgery and in the treatment of skin diseases. A case of persistent epistaxis occurring in his own practice would seem to demonstrate another valuable practical use to which the drug may be applied. The patient was a boy, aged six years, who had suffered from severe epistaxis which had developed during the convalescence from a severe attack of diphtheria in 1894. Since then, and up to September, 1898, when he came under Lermite's care, he had had on an average from three to four severe hemorrhages weekly. Various forms of constitutional, but no local treatment had been used without beneficial effect. Examination of the nasal mucous membrane showed a dilated and angiomatous condition of the blood-vessels. On September 17, 1898, Lermite commenced treating the nose locally by inserting into each nostril a pledget of cotton-wool soaked in a 5 per cent. solution of cocaine, leaving them *in situ* for five minutes. On withdrawing these, similar pledgets, soaked in a saturated solution of boric acid containing five grains of dried extract of suprarenal gland to the ounce were inserted and left in for the same time. These applications were made on alternate days until October 7th (three weeks), then on every third day till October 31st (three weeks), and afterward on every fourth day up to November 22d, making in all twenty-four applications.

The immediate effect on the nasal mucous membrane was to produce a condition of ischæmia, and the epistaxis was immediately stopped. Up to the time of writing there had been no return of the epistaxis since the first application was made.

Palpatory Percussion, Etc.—E. BÆLZ (*Berliner klin. Wochenschrift*, 1898, No. 48) publishes some practical observations in physical diagnosis. He draws the conclusion from its variety of forms and material that the plessimeter is of more than doubtful value, and in practice is well replaced by the finger. Similar objections have also made him give up the percussion hammer. He calls especial attention to the subject of palpatory percussion. This has not been used as much as it deserves, for two reasons: In the first place, because it has been used chiefly on an organ to which it is least applicable—*i. e.*, the heart; and, secondly, because its technique has not been understood.

He himself came to cultivate this method by noting the greater accuracy of the sense of touch than that of hearing in certain physical examinations. The method is as follows: The left middle finger is placed closely on the body, as in the usual finger percussion. The percussing hand is used in a different way from the usual one. The second, third, and fourth fingers are kept flexed at an angle of about 45°. From a distance of about 2 cm. the fingers are brought down on the left middle finger and kept there for a few seconds, after which the blow may be repeated. It is immaterial whether the percussing hand is moved from the wrist or elbow. The important points are that several fingers are to be used in percussing; that these fingers touch the plessimeter finger with the most sensitive part, or the tips, and that they are pressed against the parts examined. The perpendicular blow from the finger must therefore not be used. While percussing one must listen intently, as the sound produced is not loud. In fact, hearing is not essential, but the combined sensation of hearing and feeling is more complete than that of feeling alone. Like every other method, this requires a certain amount of practice. In the beginning it is useful to close the eyes, in order to notice fine points of difference. Palpatory percussion reveals most in connection with diseases of the lungs, pleura, spleen, and liver, and where-ever, for any reason, strong percussion cannot be used, as in perityphlitis and cholelithiasis. It is also safer whenever there is risk of hæmoptysis. In the case of pleurisy with effusion the upper border will usually be found by this method two finger-breadths higher than the line of absolute dulness. An enlarged and inflamed gall-bladder can sometimes be made out by this method, when simple percussion would not be possible on account of the pain. The spleen is especially well demonstrated by palpatory percussion, although this may sometimes give uncertain results on account of distention of the stomach or intestines.

Baelz also advises a wider use of direct auscultation than is commonly practised, especially on account of the possibility of hearing more distant sounds and of distinguishing the relative distances of sounds, such as râles and friction sounds. He also claims that certain heart murmurs, especially the diastolic murmur of aortic insufficiency, can be heard better with the ear than through the stethoscope. In case of aneurismal murmurs, direct auscultation has the great advantage that the head applied to the chest is more sensitive to the thrill and impulse than the hand.

[Many of Baelz's suggestions have long been familiar in the United States—especially his remarks in regard to the value of finger percussion. It is doubtful whether palpatory percussion and direct percussion are used as much as they deserve. They have long been practised in the editor's clinic, but seem to be unfamiliar to many medical acquaintances.—G. D.]

Experimental Inorganic Heart-murmurs.—TALMA (*Berliner klin. Wochenschrift*, 1898, No. 47) reports some interesting experiments made under his direction and published in full (in Dutch) by his pupil Van Dorsten. The experiments were made on dogs, by noting the points where murmurs were heard, putting needles into the body, and then opening the latter. Canulæ were introduced into a femoral artery for withdrawing blood, and into a femoral vein for injecting fluid at body temperature. These experiments